

EXHIBIT 52



Georgia Network for Educational and Therapeutic Support

Confidential Student Information Packet

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

Please keep this coversheet on top of packet for confidentiality purposes.

Student Information Packet

Confidential Student Information

**Student Demographic Information**

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	Grade
System	School Attending		Home School
Physical Address:		City	GA Zip
Mailing Address (If Different):		City	GA Zip
Guardian Name	Guardian Email		
Guardian Cell	Guardian Work Phone	Guardian Home	

What Services would you like for the GNETS program to provide?

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Student Current IEP Information

Primary Disability	Secondary Disability	Annual Review Expiration Date	Eligibility Expiration Date
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The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavior disorders as indicated:

- ☐ An inability to learn that cannot be explained by intellectual, sensory, or health factors
- ☐ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

Documents Provided

- ☐ Current IEP
- ☐ Current Eligibility
- ☐ Psychological Evaluation within 3 years
- ☐ Functional Behavior Assessment
- ☐ Behavior Intervention Plan
- ☐ Progress Monitoring Data on BIP implementation
- ☐ Other (List):

Confidential Student Information


System of Care / Interagency Providers involved with student - Please list agency, contact, and contact phone number (ie. Mental Health, DFCS, DJJ, Private Providers, Etc.

Provider	Contact	Contact Phone

Current Medical and/or Psychiatric Diagnosis (please list diagnosis and physician's name/date)

Current Medications	Medications student has been on in past (if any)
Has the student ever received GNETS Services in the past? If so, please list dates:	Has this student ever been retained? Y N If so, list grades/dates retained:
Please list other additional relevant information:	Type of transportation services needed:

Full Continuum of Special Education Services Offered:

GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:

Services	Number of Segments	Date of Placement	Date Terminated
Consultation			
Regular Ed Classroom			
Inclusion classroom			
SPED Resource or Pull-outs Part Day			
SPED Classroom -Full Day			
GNETS Consultative Services			
GNETS Direct Services			
GNETS Part Day			
GNETS Full Day			
Homebound Instruction			
Residential School or Program			

Student Functional Behavior Assessment and Behavior Intervention Plan

Functional Behavior Assessment Date:	Target Behaviors:
Behavior Intervention Plan Date/Review Dates:	Interventions:

Confidential Student Information

**Suspensions: Please list dates and reasons student was suspended this school year:**

Example: 8/2/16, 3 day suspension, assaulting teacher

Emergency Physical Restraint: Please list dates and reasons student was physically restrained this school year if any:

Please list the number of office disciplinary reports and attach to this packet.

Disciplinary and Restraint Data**Academic Supports**

Current Evidenced-Based Academic Interventions	How Often	Site/Login /Password for Web-based interventions that we can continue

Please attach the following documents when you submit this information packet:

- ☐ Current IEP
- ☐ Current psychological evaluation (must be within 3 years)
- ☐ Current Eligibility Report
- ☐ Current Functional Behavior Assessment and Behavior Intervention Plan
- ☐ Comprehensive Social History, if available
- ☐ BASC-3 and Strengths Difficulties Questionnaire, if available
- ☐ Students with Autism: Vineland, ABAS, Basc-3, CARRS, etc., if available



Please be sure to refer to the GNETS Flow Chart and Guiding Questions before submitting this Student Information Packet.



	Print name	Contact number & email
Referring Teacher		
Referring Principal (or Designee)		
Special Education Director (or Designee)		

Please email, mail or fax the student info pack with all documents to: